



Membership Registration Form Member Information

me Phone Emergency Contact / Phone mbership Type (Facility/Fitness/Pool/AAC) mize that because of the potentially hazardous nature of this activity, an injury might be sustarnly permission to the attending physician to render such treatment as would be normal and in Parks and Recreation Department, its employees, agents and assign from responsibility. I understand that this release applies to any present or future injuries and that it binds my he and Recreation Department. I understand that my name, photograph, and/or likeness may act or publicity I may have in connection with those uses. I understand my signature, or metion programs. No refunds after memberships are purchased. Signature Additional Memberships are purchased.	agree to pay the usual for any personal injurie irs, executors and admi be used in promotions o	State Zip Work/Cell Phone Won-Resident Unch injury to myself or my child, if I or my spouse cannot be on all charges for such treatment. I now release the City of Frages and damages to property caused by or having any relationistrators. I agree to abide by all rules and regulations of the paradvertising materials. I consent to such uses and waive
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Additional Member		
	er Informatio	on
First Name / Last Name Birth Date	Gender	Membership Type
Would you like to be added to our email database and re	ceive notification NO	of upcoming programs & events?
Payment C	Intions	